

Chapter

8

NEW PROJECTS AND INITIATIVES

Grants Awarded

Since January of 1998, the Division of Mental Health (DMH) has made a substantial effort to increase the dollars available in Indiana for mental health and addiction services by pursuing grant funding opportunities. In addition, DMH has also made an effort to inform the provider network of funding opportunities. To date, three grant proposals have been successful. The grand total of funds that have been secured for a five-year period is \$7,362,586. Successful efforts include:

State Reform Grant

The purpose of this project is to integrate the Hoosier Assurance Plan (HAP) management information systems and to build upon current performance and outcome measures to improve the Division's data systems. The Center for Mental Health Services (CMHS) has funded this project for a two-year period, Federal Fiscal Year (FFY) 1999 and FFY 2000, at \$100,000 per year, beginning in October, 1998. The award totals **\$200,000**.

State Pilot Indicator Grant

This project is designed to facilitate the development and implementation of a performance indicator pilot project utilizing indicators selected in the CMHS 1997/1998 Five-State Feasibility Assessment Project and to support additional pilot testing of the HAP Provider Profile Report Card indicators. DMH received a three-year funding package (FFY 1999, 2000, 2001) at \$99,820 per year. The award totals **\$299,460**.

Child Mental Health Initiative Grant

CMHS also awarded DMH a five-year grant to develop and implement a blended funding system of child mental health services to include family involvement and multi-system collaboration for the East Chicago, Gary and Hammond area for FFY 2000 through FFY 2004. The award totals **\$6,863,126**.



Indiana Performance Indicator Project

The Indiana Performance Indicator Project is funded by the State Pilot Indicator Grant from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS). DMH subcontracts with Indiana University, Indiana Consortium for Mental Health Services Research (IU/ICMHSR).

The current data system provides DMH with some pertinent and significant information about the status of the HAP implementation. However, in its present form the data are not integrated and cannot be easily synthesized to provide a "big picture." DMH has made a commitment to merge and connect its various data systems and collection procedures over the next couple of years. The system expansion and revision will also be guided by the requirement to develop and implement new performance indicators.

The Indiana Performance Indicators Project research builds upon work from numerous other performance indicator initiatives. A preliminary examination of the indicators and DMH data sources reveal that for some of the performance indicators, there are current data collection sources and measures that can be used with little or no modification in order to generate the performance indicator data. For other indicators, data are either partially available or not available at all. Ongoing and future tasks to produce the data to meet the specifications of the performance indicators include choosing appropriate measures, seeking out data sources, designing collection procedures, developing mini-pilot tests for a few provider agencies, modifying the pilot design, and testing at multiple agencies.

At the present time, there is a plan for conducting the mini-pilots in seven community mental health centers (CMHCs). The mini-pilots are designed to collect data not currently being reported but needed for the development of the performance indicators. During winter 1999, the seven CMHCs will serve as initial sites for those pilots.

In the second year of the project, the goal will be to determine what methods of collection work best for agencies, DMH and for stakeholders. The plan will include descriptions of methods to analyze and utilize the performance indicator data.



In the third and final year of the project there will be continued pilot testing and refinement of the data collection system. Implementation of the statewide plan is scheduled for the final quarter of the project.

Case Management Conference

Planning began in 1999 for a three day case management conference to be titled *Building Case Management Services for the New Millennium: A Practice Conference on Addiction and Mental Health Services* to be held in FY 2001. This conference will assist service providers, consumers and their families in implementing sound case management practices.

The primary objectives of the conference are: (1) to educate service providers, consumers and their families in providing state of the art case management services; (2) to enhance the skills of service providers currently engaged in case management in working with special needs groups (i.e., forensics, gambling, tobacco, older adults, youth, minorities, rural, HIV); and (3) to stimulate the development of new case management services and more coordinated programs through the provision of network opportunities and structured regional planning sessions.

It is anticipated that approximately 500 professionals working in mental health and addiction services, consumers, and their families will participate in this conference. The conference will feature keynote presentations by two nationally known experts in the fields of mental health and addiction services and one by the Director of DMH. A total of 30 workshops distributed among six topical tracks will be offered. Each track will provide educational sessions on the theory of practice, as well as a number of panel presentations by professionals who are implementing the theories in the practices. Participants will have the opportunity to develop region-specific work plans that can serve as a basis for developing regional approaches to providing case management services.

All papers presented at the conference and the regional action plans developed by conference participants will be available to the public through the State of Indiana's web site, *Access Indiana*.



The Community Services Data System

As early as SFY 1997, the Division started to plan for a new data collection and analysis system. By SFY 1998, and with technical assistance from the Center for Addictions Treatment Services, the Division published an outline plan for a new system. In SFY 1999, this plan was reworked into a procurement document that near the end of the fiscal year was awarded to NISYS, Inc. The new system will be in place and operational in time for SFY 2001.

The new Community Services Data System (CSDS) will allow providers to enter enrollment information on the day the enrollment occurs. A Web-based application will allow small providers to type the information directly into DMH's data base. Larger providers can send batches of information electronically. Service information will be more complete, and in formats more compatible with what providers already send to insurance companies.

Task Force on Co-occurring Mental Illness and Substance Abuse Disorders

During the fall of 1998, the DMH Advisory Council requested that a task force be formed to study issues related to services for persons with co-occurring mental illness and substance abuse disorders. This topic has been identified at both the state and national level as a critical issue.

A task force was appointed and work began in January 1999. Through seven one-half day meetings, over a period of eight months, the Task Force studied the issue by hearing from top experts in the field, looking at model programs, reviewing the latest research and literature and receiving input from consumers. The Task Force adopted as its goal:

One seamless system of services for people with co-occurring mental illness and substance abuse disorders

The Task Force presented its Final Report to the Division of Mental Health Advisory Council on September 2, 1999.



Summary of Key Findings

Scope of the Problem

(Based on data from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), 1998.)

- Two hundred twenty-three thousand (223,000) Hoosiers have at least one co-occurring mental illness and substance abuse disorder.
- Approximately 66,000 Indiana citizens have three or more disorders and 22,300 have four or more disorders.
- A majority of the 160,560 adults (ages 18-54) in Indiana with co-occurring mental illness and substance abuse disorders, who are living independently, are receiving *no* treatment.
- The severity of emotional and behavioral problems among adolescents is associated with increased likelihood of substance abuse.

The Task Force studied and endorsed the conceptual framework and recommendations developed jointly by the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in June 1998 in Washington, DC. The recommendations address the lack of coordination for persons with co-occurring mental illness and substance abuse disorders. During its study, the Task Force reviewed the current literature, discussed the latest research, and looked at model programs in California and South Carolina. In addition, the Task Force heard presentations about the MICA (Mental Illness-Chemical Addiction) Units (STAR and New Horizon Program) at Richmond State Hospital, and the Midtown Mental Health Center's Addiction Integrated Services (AIS). A panel of consumers also provided their points of view about the delivery of services. Final meetings were focused on coming to general consensus on the recommendations submitted in this Task Force Report.



KEY Consumer Organization

KEY is initiating a new program with the assistance of the Division. This program will place peer advocates in CMHCs around the state, who will assist consumers in obtaining services and resolving any issues that may arise with providers. Under this demonstration grant, nine centers will have advocates during the first year with plans to increase that number depending on the results of the trial.

